

OWNER/COMPANY REGISTRATION

TODAYS DATE:	
COMPANY NAME:	
COMPANY MAILING ADDRESS:	
COMPANY PHYSICAL ADDRESS:	
COMPANY PHONE:	FAX #:
BUSINESS TAX CERTIFICATE #:	
COMPANY CONTACT:	
COMPANY EMAIL:	
TYPE OF COMPANY: (PLEASE CIRCLE ONE)	NEV, PEDICAB, SHUTTLE, TAXI, TOUR, WRECKER,
OWNER'S NAME:	
OWNER'S ADDRESS:	
OWNER'S PHONE:	
OWNER'S E-MAIL:	
BUSINESS DESCRIPTION:	
COMPANY SHIRT COLOR(S):	
COLOR SCHEME/ VEHICLE #'S:	

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TOUR GUIDE/DRIVER NAMES		
include the first and last name, email addre	hot taken in the last six months) of each tour guide and ress and phone number of the tour guide. Photos can to tourism@savannahga.gov or dropped off at the Offit 1 Waring Drive at Daffin Park.	be
contained herein and know the same to be	hereby certify that I have answered all the questions e true and correct. Further, I understand that any false and subject to penalty as provided by law and ordinan	
Company Owner's Signature	 Date	